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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CON OF 08/998,549 12/24/1997 ABN *OK-PN*

**\* FOREIGN APPLICATIONS \*\*\*\*\***

SWEDEN 9703531-5 09/30/1997 *OK-PN*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 08/03/2001**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> AUSTRIA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

**ADDRESS**

2292

**TITLE**

Ion-anaphylactic forms of allergens and their use

<b>RECEIVED</b> 1016	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit